

Comparison of Millville BOE Vs. Southern Coastal HIF Model Plans

Southern Coastal HIF	Current Plan		Current Plan		Plan Option #1		Plan Option #2	
Effective 2015	AETNA DIRECT \$5		AETNA DIRECT \$10		CORE A		CORE B	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Deductible								
Individual	None	\$100	None	\$100	\$1,000 ¹	\$2,500	\$500 ¹	\$1,250
Family	None	\$200	None	\$200	\$2,000 ¹	\$5,000	\$1,000 ¹	\$2,500
After deductible, plan pays	100%	70%	100%	80%	80%	60%	90%	70%
Payment Limit								
Individual	\$400	\$2,000	\$400	\$400	\$2,000 ²	\$5,000	\$1,000 ²	\$2,500
Family	\$800	\$4,000	\$800	\$1,200	\$4,000 ²	\$10,000	\$2,000 ²	\$5,000
Primary Care Physician Selection	Not Required	Not Applicable	Not Required	Not Applicable	Not Required	Not applicable	Not Required	Not applicable
Preventive Care								
Routine Adult Physician Exams/Immunizations	\$0 copay	70%	\$0 copay	100%	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine Well Child Exams/Immunizations	\$0 copay	70%	\$0 copay	100%	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine Gynecological Care Exams	\$0 copay	70%	\$0 copay	100%	\$0 copay	Not Covered	\$0 copay	Not Covered
Routine Mammograms	\$0 copay	70%	\$0 copay	100%	\$0 copay	Not Covered	\$0 copay	Not Covered
Physician's Office Visit								
Primary Care Services	\$5 copay	70%	\$10 copay	80%	\$25 copay	60%	\$20 copay	70%
After Office Hours/Home	\$5 copay	70%	\$10 copay	80%	\$40 copay	60%	\$30 copay	70%
Specialist Services	\$15 copay	70%	\$25 copay	80%	\$40 copay	60%	\$30 copay	70%
Maternity OB Visit	\$15 copay	70%	\$25 copay	80%	\$40 copay	60%	\$30 copay	70%
Allergy Treatment	\$0 copay	70%	\$0 copay	80%	\$40 copay ³	60%	\$30 copay ³	70%
Allergy Testing	\$0 copay	70%	\$0 copay	80%	\$40 copay ³	60%	\$30 copay ³	70%
Diagnostic Procedures								
Diagnostic Laboratory	100%	70%	100%	80%	\$40 copay	60%	\$30 copay	70%
Diagnostic X-ray	100%	70%	100%	80%	\$40 copay	60%	\$30 copay	70%
Emergency Medical Care								
Urgent Care	\$50 copay	\$50 copay	\$50 copay	80%	\$40 Copay	\$40 Copay	\$30 Copay	\$30 Copay
Non-Urgent use of Urgent Care Provider	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Room	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$100 copay then 80%	\$100 copay then 80%	\$100 copay	\$100 copay
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Ambulance	100%	70%	100%	100%	80%	60%	90%	70%
Hospital Care								
Inpatient Coverage	100%	70%	100%	80%	\$200 copay per day, \$1,000 max per admission	60%	\$100 copay per day, \$500 max per admission	70%
Outpatient Surgery	100%	70%	100%	80%	80%	60%	90%	70%
Mental Health Services	Same as any other illness; benefit depends on place of service							
Alcohol/Drug Abuse Services								
Other Services								
Skilled Nursing Facility	100%	70%	100%	80%	\$200 copay per day, \$1,000 max per admission	60%	\$100 copay per day, \$500 max per admission	70%
Outpatient Rehabilitation Therapy (includes speech, physical, and occupational therapy)	100%	70%	100%	80%	\$40 copay	60%	\$30 copay	70%
Chiropractic Care	\$15 copay	70%	\$25 copay	80%	\$40 copay; 30 Visits per year	60%	\$30 copay; 30 Visits per year	70%

¹ Also applies to Durable medical Equipment / Orthotics

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² Only applies to Deductible & (20%) Co-Insurance

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³ If given by primary then pcp copay

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